

CHILD SUPPORT ENFORCEMENT TRANSMITTAL #3 - REQUEST FOR ASSISTANCE/DISCOVERY

Petitioner [Name (Fst, M, Lst) & Social Security No.] ☐ IV-D Non Public Assistance
☐ IV-D Non PA Medicaid
☐ Full Services

Respondent [Name (Fst, M, Lst), Social Security No. & Address] ☐ Medical Services Only
☐ IV-D Public Assistance
☐ IV-E Foster Care (IV-D Case)
☐ Non-IV-D

File Stamp

To: (Agency/Tribunal Name and Address)

Responding FIPS Code _____ State _____

Responding IV-D Case No. _____

Responding Docket No. _____

From: (Contact Person, Agency, Address, Phone, Fax, Internet)

Initiating FIPS Code _____ State _____

Initiating IV-D Case No. _____

Initiating Docket No. _____

Initiating Jurisdiction ☐ URESA ☐ UIFSA State with Continuing Exclusive Jurisdiction (CEJ) _____

Response Needed by _____ (Date)

I. Action

1. ☐ Provide/Obtain Copies of Documentation
 - ☐ Certified Copies of Orders ☐ Financial Statement
 - ☐ Payment Records ☐ Other _____
2. ☐ Provide Assistance with Service of Process (See Attached)
3. ☐ Provide Assistance with Genetic Testing (See Attached)
4. ☐ Obtain Answers for Interrogatories (See Attached)
5. ☐ Provide Assistance with Teleconference for Hearing or Deposition (See Attached)
6. ☐ Obtain Financial Data/Proof of Respondent's Income (See Section II and/or Attached)
7. ☐ Obtain Party Signature on Attached Form (See Attached)
8. ☐ Other: _____

Please Return the Acknowledgment Attached (2 of 2)

II. Additional Information

Date

Initiating Contact Person (Print or Type)

()

Telephone Number & Extension

()

Fax Number

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ACKNOWLEDGMENTS To be Completed by Responding Agency and Returned to Initiating Agency

☐ Request Received and No Additional Information is Necessary

☐ Additional Information Needed (See Remarks)

☐ Remarks/Response

☐ Your Case has been Forwarded for Action to:

Name of Worker

Agency Name

Address, FIPS Code

Phone & Extension

Fax

Date

Person Completing Form (Print or Type)

(_____) Telephone Number & Extension

(_____) Fax Number